Status of Children's Mental Health in Missouri

Comprehensive Children's Mental Health System

Annual Report – July, 2009

Overview

Partnership to Develop a Child Mental Health System
State statute at 630.097 RSMo, established a partnership between the Department of Mental Health (DMH), agencies represented on the Children's Services Commission, community stakeholders and families**.**
http://www.senate.mo.gov/04INFO/billtext/SB1003.htm *The purpose of the partnership is to develop Missouri's Comprehensive Children's Mental Health System.*
Implementation of the system is guided by the Comprehensive Children's Mental Health Plan.
http://www.dmh.missouri.gov/diroffice/depdir/childsvcs/Final%20CCMHP.pdf

Leadership to Develop the System
Through Section 630.1000 RSMo, the Office of Comprehensive Child Mental Health (Office) within the DMH leads the development of the Comprehensive Children's Mental Health System. The Office staffs the Comprehensive System Management Team (CSMT) and the Stakeholders Advisory Group (SAG).   The Office also coordinates system consultation to all other child-serving departments that are part of the Children's Services Commission.

The Annual Update
 The Department of Mental Health is required to produce an annual report to detail the implementation of the Comprehensive Mental Health Plan for Children. This report is organized to illustrate overall progress with regard to the several goals expressed in the Comprehensive Plan. Rather than restate each of the goals of the plan, this report addresses four basic goals identified by the CSMT to organize the implementation of the Plan:

1. Families retain custody of children with mental health issues
2. An infrastructure for System of Care is built
3. An Array Of Services and Supports is developed
4. Stakeholders are educated

This Report reflects progress through fiscal year 2009 toward meeting these goals.

1) **Families Retaining Custody**

Issue
Some Missouri families could not access appropriate mental health services unless they relinquished custody of their child.

Progress
A custody diversion process was established. By the end of fiscal year 2009, 942 families had been referred into this process. Of those families 901 (96%) had been diverted from custody. Of those diverted, 289 (32%) were supported in their community.

Goal Continues to Be Met Each Fiscal Year

Children have been diverted from state custody due to effective communication across child-serving agencies established within the Diversion Protocol and a commitment of resources responding to the urgent needs of families. Likewise, with interagency communication and collaboration children can be returned to their parents' custody while still receiving the mental health services they need through the Voluntary Placement Agreement.

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2) **Building Infrastructure**

A. Assessing Mental Health Services

Issue
Assessment of mental health needs is critical to the development of the proposed system. There was no mechanism across agencies to compile needed data which included: levels of functioning, identified needs, service utilization, and financial expenditures.

Progress
Although a state child systems "data warehouse" has been endorsed and designed, because funding has not been obtained there has been no progress towards development since the end of 2006.

Remaining
In the future, the data warehouse will not be reported on unless resources are identified to support it.

B. Policy Development & Administration

Issue
An organizational structure did not exist to organize and implement the Comprehensive Child Mental Health Plan.

Progress
- The staffing structure for the Office was finalized: FTE Director, FTE System of Care Coordinator, FTE Family Support Coordinator, FTE School Specialist, .50 Special Projects Coordinator, .50 Fiscal Officer, .50 Administrative Support. The Office and the Office of Transformation share a percentage of staff time. All staff members are in place.
- The CSMT continues to provide oversight for children's mental health policy and this year developed a strategic plan.
- The SAG has added new membership and worked toward recruiting youth representatives. The group has also worked on further defining their goals.

Goal met.

C. Transformation Grant

Issue
Need to develop infrastructure on data collection, finance, community development and overall development of a comprehensive approach for mental health service delivery for children in Missouri.

Progress
The proposal from *Creating Communities of Hope – Missouri's Mental Health Transformation State Incentive Grant* was endorsed by the federal government (SAMHSA). The Transformation Working Group has endorsed and continues to look to the Comprehensive Child Mental Health System for enhancing and expansion of systems of care across the state as part of its initiative.

Remaining
Regional *Communities of Hope* implementation continues across the state. New sites will be selected October 1, 2009, the new federal fiscal year.

D. Financing

Issue
Neither Section 630.097 RSMo nor Section 630.1000 RSMo has received state funding. Full implementation of the Comprehensive Child Mental Health System cannot be completed without additional funding.

Progress
- Due to the economic downturn in the economy, no state budget items were funded.

Remaining
Funding is needed to broaden full implementation to a systems level in the state.

3. Array of Services and Supports

A. <u>Functional Assessment</u>

Issue
The need for consistency in assessment of mental health needs across the child serving systems.

Progress
Starting with the three divisions of DMH, the Office worked to implement the Child and Adolescent Functional Assessment Scale (CAFAS) across its three divisions. To date, only the DMH Division of Comprehensive Psychiatric Services (CPS) has implemented the CAFAS.

Remaining
Use of the CAFAS is under review by the Division of Alcohol & Drug Abuse (ADA). The Division of Developmental Disabilities has yet to review the CAFAS. Other child-serving systems on the CSMT will be reviewing the CAFAS for their use.

B. <u>Individualized Assessment & Service Planning</u>

Issue
Need for individualized, integrated service planning throughout child-serving systems statewide that builds on family strengths and community support.

Progress
Missouri has recognized the National Wraparound Model as the gold standard for individualized service planning. The SAMHSA funded Youth in Transitions – St. Louis System of Care is utilizing the national Wraparound pioneer, John Vandenberg, to assist in transforming the St. Louis child-serving system to high fidelity wraparound. Vandenberg is also assisting St. Louis to certify local trainers who will perpetuate wraparound training and implementation after SAMHSA funding has ceased. Another SAMHSA funded site at the other end of the state St. Joseph's Circle of Hope is also using Vandenberg and is dovetailing with and reinforcing the St. Louis plan.

Remaining
Providing training and coaching in wraparound throughout the child serving systems statewide.

C. <u>Evidence Based Practice (EBP)</u>

Issue
Services that are offered to families must be "evidence based" and in keeping with best clinical practices.

Progress
- DMH applied for a SAMHSA grant that would provide training to local providers for evidence based trauma related assessments and services. Grant was not awarded.
- A budget item for FY10 submitted to the Governor's Office by the DMH Administrative Agent BJC-Behavioral Health for an evidence based trauma initiative was not recommended.
- The Transformation effort has convened a committee to define Missouri standards for evidence based practice. Their definition, in a developing white paper, outlines the value and criteria for EBP. A basic definition is that EBP is the integration of the best available research with clinical expertise in the context of patient characteristics, culture and preferences. (American Psychological Association (2006, p. 273) The definition goes on to identify multiple factors that must be considered including consumers' needs and preferences, practitioner knowledge and skills, program/providers values and goals, effectiveness and efficacy (definition provided based on CDC definition of evidence), and resources and constraints.

- Many children and youth within the juvenile justice system are impacted by trauma and other mental health challenges. The Office of State Courts Administrator (OSCA) and DMH received a field demonstration grant through the Office of Juvenile Justice and Delinquency Prevention. This grant was to promote quality assessment guidelines and implementation of evidence-based practices for the juvenile justice population with mental health needs. Five local sites were trained in assessment guidelines and an evidence based practice. The practice was to meet local needs along with sustaining a local policy infrastructure to support it. The project was funded for 2008 and 2009.

D. Prevention

Issue
Prevention is a critical and underdeveloped service that must be integrated into Missouri's system of care and be a part of services from child serving agencies.

Progress
Two prevention programs were proposed.
- State funding for school based mental health was not obtained.
- The grant application for "Bright Futures" submitted to the Missouri Foundation for Health, requesting $300,000, was awarded. The grant supports the development and implementation in the Missouri communities of Joplin, Moberly, and Rolla. "Bright Futures" is a coordinated effort between multiple state partners.

Remaining
To expand beyond the three sites, funding streams must be identified.

E. Early Childhood

Issue
Need to strengthen collaboration and promote effective early childhood supports.

Progress
- DMH staff serve on the *Coordinating Board for Early Childhood, the State Interagency Coordinating Council,* and the *DHSS Early Childhood State Plan.*

E. Evaluation and Monitoring for Quality Services

Issue
The child mental health system must be outcome based.

Progress
Quality Service Reviews (QSRs) continue in each sanctioned system of care site. To date results are showing that between 60% and 70% of the children with the most complex needs are improving in the key areas of
- safety,
- staying in school,
- and emotional and behavioral well-being.

At the system level, reviews reflect the evolutionary nature of system of care development with the more established sites showing the most creativity and flexibility in working collaboratively to meet the needs of children. The reviews consistently identified three major cross-site issues:
- the need for universal screens addressing trauma and "at risk";
- planning for transition and independence;
- improved communication with school personnel.

10 of 12 sanctioned sites have done a baseline QSR.

Remaining
The Local Liaison Committee of the CSMT plans to ask local SOC sites to address the issues identified in their reviews. The CSMT will provide technical assistance to improve the problems that were identified by the QSR.   To establish this continuing QSR process, there must be staff support for ongoing recruitment and training of the reviewer pool along with data management. 15 family members have been trained to conduct QSR.

G. School Mental Health Activities

Issue
Need to identify and integrate mental health policy, resources and programs into the school structure.

Progress
- DMH/Transformation has funded a Childhood Education Specialist within the Office.
- A school based mental health resource kit is under construction to assist communities design, implement, fund and evaluate school based mental health programming that is responsive to local needs with a target completion date of mid- November.

Remaining
Implementation strategies must be developed.

H. Application of Knowledge Gained From Federally Funded Missouri System of Care Sites

Issue
Need to use the lessons learned from projects that have been supported by federal funds, as well as those that have been unfunded.

Progress
- Published in 2007, *Stats Blast* is a report of the success of Missouri's federally funded system of care projects. The Missouri Institute of Mental Health (MIMH) produced a final historical report of *Lessons Learned* from system of care evolution in Missouri.

Remaining
Information from *Stats Blasts*, from *Lessons Learned* and from other reports must be organized and leveraged within social marketing efforts. To update and publish new issues of these documents, additional funding will be required.

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4. Stakeholders are Educated

Issue
Stakeholders including parents must be in a full partnership with the children's mental health system. A critical component of this partnership is training.

Progress
- The statewide System of Care Website, http://missouridmh.typepad.com/system_of_care/ was updated using a new platform to make the site more interactive among its readers. The website includes information of interest to all audiences within the stakeholder community including families, youth, providers, agencies, schools, etc.
- One wraparound based four-day Family Support training was conducted for direct line staff and supervisors. Eight sites in the state are employing Family Support Workers.
- Through federal funding, NAMI Missouri continued to connect the family organizations in the state related to child mental health issues**.**
- Family Bridges in southwest Missouri continues to work on sustainability and held its third annual statewide conference.
- An active group of families in St. Joseph continues to work toward forming a formal organization.
- Three youth groups have evolved:
  - Youth Standing Tall in southwest Missouri;
  - Honesty Opens Peoples Ears (HOPE) in St. Joseph, Missouri;
  - Youth REACCH (Responsibility through Empowerment and Action to Create Communities of Hope), with statewide representation across the three DMH divisions, was launched in the fall of 2008.

- The young people who participate are not only those who have mental and developmental disabilities, but also youth who are involved in alcohol/drug and suicide prevention activities, those with physical disabilities and youth who expressed a desire to have healthier communities in which youth live.
- In May, 2009 for Mental Health Month, with a mini-grant from NAMI Missouri for printing, building on the national green ribbon campaign for children's mental health, REACCH created a poster and post cards with the message, "What Can Green Do For You?" These items were distributed widely through the youth's school communities. The poster and postcards direct one to a Facebook Fan Page, where he/she is encouraged to join as a fan and link to information about mental health and the Green Ribbon Campaign on the SAMHSA website. As of June 30, 2009, 230 people from across the world have signed up as fans.

- The quarterly System of Care Newsletter continues to be produced.